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APPLICANTS

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** CONTINUING DATA *****

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** FOREIGN APPLICATIONS *****

AS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 04/08/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	5	32	3
Verified and Acknowledged	<i>Alyssa Abtin</i> Examiner's Signature	Initials			

ADDRESS

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TITLE

Devices and methods for blood flow assistance

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